

**The Top Ten list of Most Important Changes Needed to Improve Service Delivery to Meet the Mental Health Needs of Children/Families:**

1. Mental Health services that can follow the child from placement to placement and from home to placement and back. At the very least, DMH contracted providers of in-home intensive mental health services should continue to provide those services even if the child moves out of the SPA.
2. Placement providers contracted with DCFS should be compelled to accommodate any in-home intensive mental health services that follow a child into their placement.
3. Placement providers contracted with DCFS, especially those with DMH contracts to provide mental health services, should provide individualized placement and treatment plans for each child served. Youth should not be rejected from programs because they are not "working the program" well enough; programs should be flexible enough to work with the youth and the youth's team to identify and meet the youth's underlying needs.
4. MHSA WET funds for children and TAY should be used in part to train mental health professionals how to work within the context of the State's Core Practice Model to help mental health professionals to understand how they should be informing the youth's team regarding underlying needs and helping to formulate interventions strategies to meet those needs.
5. Mental health providers need to refer youth for enhanced services such as TBS when youth begin to exhibit an escalation of behaviors and symptoms and the intensity of the services need to be robust enough to adequately address the problems. Intense in-home services such as TBS should be reduced as symptoms are adequately addressed as part of the tracking and adapting that the child's team should be doing to monitor the efficacy of interventions. These interventions should be closely monitored by the team and rapidly increased or decreased as needed in order to avoid the "too little too late" dynamic of inadequate mental health services that have characterized many of the interventions that have been observed during the Wraparound Quality Service Reviews.
6. DCFS, DMH Staff and contracted providers should always consider the use of enhanced in-home services such as 1:1 behavioral aides to address behaviors that are difficult for caregivers to manage before considering congregate care as a means to manage youth with difficult behaviors.
7. Mental health providers who provide assessments of DCFS supervised children should be trained to write psychological assessments that consider the youth and caregiver's underlying needs and strengths in addition to behavioral observations, diagnostic impressions and treatment recommendations.
8. More resources need to be devoted to meeting the mental health needs of indigent (uninsured) children and their families.
9. More MHSA Prevention and Early Intervention (PEI) funded services need to reach the TAY population so that DCFS does not become the service delivery provider of last resort for families with mentally ill, out of control teenagers.
10. MHSA funding for Full Service Partnerships (FSP) programs for the TAY population need to serve more youth, especially to assist youth and families with TAY youth to transition out of DCFS Care.